(c) if so, the result thereof; and

(d) the recorded improvement made in the case of health care during the last three years, giving rise to subsequent fall in IMR?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) As per the latest available data released from the office of the Registrar General of India, 2006 is the Sample Registration system (2004), the Infant Mortality Rate in the country is 58 per thousand live births. As per the State of the World's Children 2006, published by UNICEF, the lowest IMR in the world is in Iceland, which has an Infant mortality rate of 2 per thousand live births.

(b) and (c) As per the National Family Health Survey, 1998-99, children of women belonging to Scheduled Castes and Scheduled Tribes have higher rates of infant and childhood mortality than children of women belonging to other categories of women. For children in households with a high standard of living the infant mortality rate is 43 deaths per thousand live births and the under five mortality rate is 52 deaths per 1000 live births; the corresponding rates for children in households with a low standard of living are more than twice as high at 89 and 130, respectively.

(d) As per the latest available data from the Sample Registration System, released by the office of the Registrar General of India, the IMR in 2001 was 66 per thousand live births which has declined to 58 per thousand live births in 2004. Under the Reproductive and Child Health Programme (RCH) being implemented in all States of the country various interventions for reduction of infant mortality rate are being implemented. These include immunization against vaccine preventable diseases, control of death during diarrhea, control of deaths due to acute respiratory infections; prophylaxis against vitamin A deficiency and iron decifiency anemia, essential new born care and promotion of exclusive breast feeding and appropriate complementary feeding practices. Integrated Management of Neonatal and Childhood Illnesses (IMNCI) has been recognized by the Government of India as a technically superior strategy and shall be implemented all over the country in a phased manner.

British ban on recruitment of nurses

1881. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the British Government has announced a clampdown on the recruitment of overseas nurses;

(b) if so, the number of Indian nurses who would be affected by this ban annually; and

(c) the steps taken to avoid unemployment amongst the qualified nurses in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) The United Kingdom has not enforced a ban on recruitment of nurses from outside the European Union. However, on July 3, 2006, the Department of Health, UK removed 'general nurses' from the 'Skills Shortage Occupations List' of the UK Home Office. The change in regulation does not affect advanced and senior nurse grades in certain specialties. The change will make no difference to nurses currently working in the UK. The change in the regulation does not stop UK employers from undertaking international recruitment of nurses. They have to demonstrate that they cannot fill a post with a UK or European Economic Area (EEA) applicant first. The new regulations are likely to come into effect on August 14, 2006. Any likely impact on international recruitment is not yet known.

(c) There is no unemployment amongst the qualified nurses in the country.

Medical Colleges

1882. SHRI V. HANUMANTHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of medical colleges that the Medical Council of India inspected during 2005-06 and 2006-07, till date, State-wise;

(b) how many of these visits or inspections revealed staff deficiency;

(c) the names of colleges with the staff deficiency;

(d) whether Government would review the pattern of such inspections by MCI in public interest; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) Inspection of medical college by Medical Council of India is a continuous process to maintain the standard in medical education. The Council conducts inspections of medical colleges and attached